08/20/2001

Healthcare Portland, ME 04101-7536



1001[1010].[1010].

LISA M BAILY 4098 LOCUST DR

NORTHAMPTON, PA 18067-9513

MEMBER:

LISA M BAILY

MEMBER ID NO:

0172563732

CUSTOMER NAME:

AETNA INC.

CUSTOMER CSA:

698456-22-001

REFERENCE NO:

1833-5060-0000

CLAIM ADMINISTRATOR: AETNA LIFE INSURANCE COMPANY

This is in response to your request for disability (re) certification for your absence from work commencing on 08/02/2001.

CERTIFICATION DECISION			
FROM DATE	NUMBER OF DAYS	THROUGH DATE	DECISION
08/02/2001	6 -	08/07/2001	Certified-SEE REMARK #1

Your disability has been certified or recertified for the number of days and the time period shown above. As the date shown as the through date approaches, it is your responsibility to have your physician call or write to Aetna prior to the last date certified. We will determine whether your disability certification should be extended or if you will be able to return to work. If you did not return to work on 8/8/01 we will need all office notes from all treating providers from 8/3/01 to the present. We must receive this information by the end of your certified disability period or your disability will not be certified beyond that date.

Expected return to Work Date: 08/08/2001

Your employer will determine if your disability can be considered under the Family and Medical Leave Act.

CERTIFICATION IS BASED UPON THE MEDICAL INFORMATION PROVIDED. THIS NOTICE IS NOT A GUARANTEE OF BENEFITS. PAYMENT OF BENEFITS IS SUBJECT TO ANY SUBSEQUENT REVIEW(S) OF MEDICAL INFORMATIO OR RECORDS, THE MEMBER'S ELIGIBILITY ON THE DATE THE DISABILITY BEGINS, AND ANY OTHER PROVISIONS OF THE PLAN.

## Review

You are entitled to a review of this certification decision if you do not agree. To obtain a review, you or your representative should submit a written request. Your written request should include the group's name (e.g., employer), your name, social security number and other identifying information shown on the front of this notice, and the issues, comments or additional medical information you would like to have considered. You may also ask for copies of documents pertinent to your request.